

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. *11492*
 Registered No. *383*

1. PLACE OF BIRTH

County *Sola* State _____
 District or Township *Inspiration* or Village _____
 City _____ No. _____ St. _____

2. Full name of child *Donald Irving Symonds* { If child is not yet named, give name and date of birth occurred in a hospital or institution, give its NAME instead of street address. If child is not yet named, supplemental report.

3. Sex of Child *M* To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth *1st* 6. Legitimate? *Yes* 7. Date of birth *3-6-29*
 Month Day Year

8. FATHER
 Full name *Irving Mactain Symonds*

14. MOTHER
 Full maiden name *Virginia Wall*

9. Residence (Usual place of abode) *Inspiration Ariz*
 If non-resident, give place and state.

15. Residence (Usual place of abode) *Inspiration*
 If non-resident, give place and state.

10. Color or race *W. Am.*

11. Age at last birthday *26* (Years)

16. Color or race *W. Am.*

17. Age at last birthday *27* (Years)

12. Birthplace (city or place) *Mass.*
 (State or country)

18. Birthplace (city or place) *Ark.*
 (State or country)

13. Occupation *Chemist*
 Nature of industry

19. Occupation *H. W.*
 Nature of industry

20. Number of children of this mother *1*
 (Taken as of time of birth of child herein certified and including this child).
 (a) Born alive and now living *1*
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against thalnia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was *Alvin* at *5:45 a.m.* on the date above (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *D. P. Perkins*

(Physician or midwife).

Given name added from a supplemental report _____ Address _____

Month, day, year

Filed *Sept 11 29* *C. E. Jones*

Registrar.

Registrar

452-50-560